



Fee Schedule

Mobile Permit Fee: \$150

Neighborhood Services Department

Date approved: ____ / ____ / ____ By: _____ Date received: ____ / ____ / ____ By: _____

Comp # _____ Element type: _____ Receipt number: _____

Expiration date: ____ / ____ / ____ Entered by: _____ Annual Permit Fee: _____

APPLICATION FOR MOBILE FOOD OPERATING PERMIT

Company Name _____

Owner's / Leasee's Name _____ Phone (_____) _____

Type: Please check the type of mobile unit and complete the appropriate information

☐ Mobile Push Cart

☐ Stationary Cart Location: _____

Mobile Vehicle: ☐ Ice Cream Truck ☐ Cold Truck ☐ Hot Truck ☐ Catering Vehicle

Description: Make _____ Model _____ Year _____ License Plate # _____

Specify foods to be sold: _____

(If the mobile unit is a Hot Truck, attach a copy of menu)

Commissary Name: _____

Commissary Address: _____

Street number

Dir

Street name

City

Zip

Attach a copy of the Commissary Approval Form with this application

Billing Address: _____

I attest that the information provided above is true and accurate. I agree to comply with the City of Arlington health Code and understand that failure to do so may result in suspension or revocation of the permit. I further understand that only the foods listed above may be distributed or sold, and that the sale or distribution of any unauthorized items will result in revocation or suspension of the permit. I further understand that the permit is granted to the above listed owner(s) and is not transferable and that these fees are non-refundable.

Signature of Applicant

Date

Drivers License Number

State

Rev. 1/06